

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 98752 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1887

CERTIFICATE OF DEATH.

Date of Death, Monday March 21st 1887

Full Name of Deceased, Jannie M. Bowen { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 23 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 521 E. Eager St. { Give Street and Number. }

Cause of Death, Phthisis Pulmonalis { First (Primary), Exhaustion Second (Immediate), }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Southern Park

Date of Burial, March 23 1887

Undertaker, John H. Dickman Wilmer Triniton M. D. { Medical Attendant. }

Place of Business, 234 N. Gay Address, Chase St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

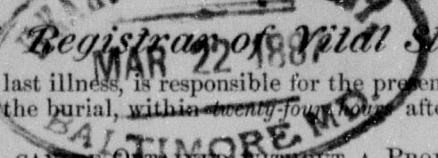
Permit No. 98783

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Van Fossen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Brake Engineer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Martinsburg W. Va.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1314 William St - Found dead in bed

Cause of Death, { First (Primary), Spolpoxia Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W. Va.

Date of Burial, March 22

Undertaker, B. Harde

A. J. Flannery
Coroner

M. D.

Medical Attendant

Place of Business, 115 West St

Address, 1701 Dr. Hill ave. (over)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

41599 Harde

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Form.

Health Department, City of Baltimore.

Permit No. 98757 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 22 1887

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elleanor Lange

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, 10 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give Street and Number. }

113 N. Paca St.

Cause of Death, { First (Primary),

old age

Second (Immediate),

asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22 1887

Undertaker, Fred Graede

Place of Business, 108 S. Caroline

W. Littawell M. D.

Medical Attendant

Address, 949 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases of Death.

Health Department, City of Baltimore.

Permit No. 98755

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

March 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Gottfried F Raufmann

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

74 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

44 years

Place of Death, { Give Street and Number. }

824 N. Gay st

Cause of Death, { First (Primary),

Apoplexy

Second (Immediate),

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 23rd 1887

{ Undertaker, A. Fink & Son

{ Place of Business, 915 N. Gay St

P. L. Dausch

M. D.

Medical Attendant.

Address, 1727 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 98756 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. B

Date of Death,

March 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie J. Autow

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

16

Days.

Color,

Colite

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1706 E Gaynor

Cause of Death, { First (Primary),
Second (Immediate), }

Premature birth 7th month

Anæmia

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial,

City Cemetery

Date of Burial,

March 22nd 1887

Undertaker,

Henry Koch & Son

Place of Business,

1023 N Charles St

Dr. J. H. Jones M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 98757 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Froelich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany 30 yrs. in America

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, { Give Street and Number. } Dr. Joseph Hospital

Cause of Death, { First (Primary), Paralysis, Agitans
Second (Immediate), Ephantiasis }

Duration of Last Sickness, 17 years

All the above information should be furnished by the Physician.

Place of Burial, 29. All Streets of

Date of Burial, March 23rd 1887

Undertaker, Henry Hockerson

Place of Business, 1023 N. Euboea

Oscar J. Coffey M. D.

Medical Attendant.

Address, 624 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore. 13

Permit No. 98758

Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Guy R Young

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years,

10 Months,

Color,

White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

—

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

85 Hollins or (old name)

Cause of Death, { First (Primary),

Scarlet fever

Second (Immediate),

Exhaustion

10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Mar 22nd

{ Undertaker, J. J. Cowan

{ Place of Business, 901 Hollins St.

James Bosley M. D.

Medical Attendant.

319 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98759

Office of Registrar of Vital Statistics.

Ward

6th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 20th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Samuel R. Wooden

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 31 Years, 2 Months, 19 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Painter

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give Street and Number. }

1647 Orleans St

Brebral tumor (CEREBRAL)

Cause of Death, { First (Primary),

Paralysis &c.

Second (Immediate),

Duration of Last Sickness,

About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 22nd 1887

Undertaker, John Kennedy M. D.

Medical Attendant.

Place of Business, 2008 Orleans St. R. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98760 Office of Registrar of Vital Statistics. Ward 5 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, March 21, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Uhlig.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, One Months, Fourteen Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } No. 1711 Madison Street.

Cause of Death, { First (Primary), General Debility
Second (Immediate), Exanthem. }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, March 23.

Undertaker, Walter J. Gummel

Place of Business, 3947 Biddle Street. Address, 1741 Harford Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98761 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Ann Lynn

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 111

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

416 S Eutaw Street

Cause of Death, { First (Primary),
Second (Immediate), }

Old age

Exhaustion

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street cemetery

Date of Burial, Mar 22nd 1887

M. D.

Undertaker, J. B. May

James Stearns

Place of Business,

Address, Danvers & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

H. C. Seward, S. I.